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## APPLICANTS

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\*\* CONTINUING DATA \*\*\*\*\*

now 60✓

\*\* FOREIGN APPLICATIONS \*\*\*\*\*

now 60✓

IF REQUIRED, FOREIGN FILING LICENSE GRANTED

\*\* 06/24/1999

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR  COUNTRY CA	SHEETS  DRAWING 7	TOTAL  CLAIMS 42	INDEPENDENT  CLAIMS 5
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged	Examiner's Signature <i>8/2/99</i>	Initials <i>669</i>		

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## TITLE

SPECIALLY SHAPED BALLOON DEVICE FOR USE IN SURGERY AND METHOD OF USE

FILING FEE  RECEIVED 1958	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____

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